State of New Hampshire
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NICHOLAS A. TOUMPAS
COMMISSIONER

January 25, 2012

Representative Ken Weyler
Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

Re: Dashboard – December 2011

Information

Pursuant to Chapters 223:6 (HB1) and 224:14 (HB2), Laws of 2011, the Department of Health and Human Services is providing this dashboard report, which, along with the quarterly report to the Fiscal Committee on expenditures for the Medicaid program, provides a status on demand for services in entitlement programs. The purposes of this dashboard are to:

1. Provide summary information on enrollments in several high cost programs managed by the Department;
2. Monitor high level fiscal issues to ensure sufficient funding is available for entitlement programs and for programs intended by the legislature, and to
3. Provide a summary of significant administrative and operations initiatives.

Explanation

Chapter 224:14 (HB2), Laws of 2011 provides certain restrictions and authorities for the Department of Health and Human Services to address potential budget shortfalls. Specifically, paragraph I requires prior approval of the Fiscal Committee of the General Court and Governor and Council (G&C) for any change to program eligibility standards or benefit levels that might be expected to increase or decrease enrollment in the program. Paragraph III authorizes the Commissioner to transfer funds, with the exception of class 060, benefits, within and among all accounting units within the Department, as the Commissioner deems necessary and appropriate to address present or projected budget shortfalls subject to the approval of the Fiscal Committee and G&C.

Individuals Enrolled For Services

As noted in Table 1, on the next page, caseloads continue to grow for most services, but at a much slower rate than was experienced in SFY 2011. For the six months ended December 31, 2011, the Department provided services to an average of 153,947 individuals per month. This represented an increase of 1.5% over the prior year. While unemployment for New Hampshire has been improving and caseload growth has slowed for most need-based programs, caseloads have not declined since the recession ended and the Department continues to serve an unprecedented number of clients. The economic realities of lower wages, fewer employee benefits, and increased part-time or temporary employment are factors that continue to influence service demand and delivery.

The Department's mission is "to join communities and families in providing opportunities for citizens to achieve health and independence." The largest programs managed by the Department are the food stamp and Medicaid programs, both of which are means tested programs serving low-income individuals. Caseload data contained in the dashboard represents individuals who have not achieved independence. "Poverty" is often defined as living at or below 100% of the federal poverty guidelines and "Low income" as those making less than 200% of the poverty threshold. A December news report by the Associated Press headlined "Census shows 1 in 2 people are

Table 1
Average Monthly Enrollment (Persons) Six Months Ended December 31,

	2008	2009	2010	2011
Total Unduplicated Persons	127,163	142,985	151,633	153,947
Pct Increase from Prior Year		12.44%	6.05%	1.53%
Medicaid Persons	104,661	115,004	118,907	119,539
Pct Increase from Prior Year		9.88%	3.39%	0.53%
Food Stamp Persons	67,578	93,102	110,689	114,560
Pct Increase from Prior Year		37.77%	18.89%	3.50%
FANF Persons	11,205	13,775	13,821	11,875
Pct Increase from Prior Year		22.94%	0.33%	-14.08%
APTD Persons	7,051	8,075	8,664	8,909
Pct Increase from Prior Year		14.52%	7.29%	2.83%
Elderly Nursing Services	7,138	7,310	7,235	7,231
Pct Increase from Prior Year		2.41%	-1.03%	-0.04%

poor or low-income. Nearly half of Americans are low-income as rising expenses, unemployment shrink middle class." The report states "Safety net programs such as food stamps and tax credits kept poverty from rising even higher in 2010." While there is debate as to what should be considered poor or low income, there is little disagreement that more people are earning less money and are qualifying for assistance.

The majority of individuals serviced by the Department fall into three groups and programs to help these individuals require different approaches with differing objectives.

- Permanently Disabled: Individuals who require long term care services,
- Temporarily Low Income: Individuals who lost employment and exhausted financial resources, but who have the ability to likely recover when jobs are available,
- Chronically Low Income: Individuals who must overcome impediments to gain financial independence

For the permanently disabled, which includes the developmentally disabled, frail elderly, and those with mental health issues, the objective is to help them maximize their abilities recognizing that for many, there will always be a need for long-term services and supports. For the Temporarily Low Income, the primary assistance needed is job opportunities. In some instances, when entire industries close down, re-training and new occupations may also be required. The most complex individuals are the Chronically low income, for which safe and affordable housing is becoming an increasing concern. Other statistical data includes the following.

- In New Hampshire, 6.6% of the population lived below the poverty line. This compares to 12.5% in Maine, 10.8% in Vermont, and 10.6% in Massachusetts. (Money/CNN).
- 10.3% of New Hampshire's population lacked health insurance versus 9.5% in Vermont, 9.4% in Maine, and 5.6% in Massachusetts. . (Money/CNN).
- Three-quarters of federal welfare assistance went to single-parent families and the rise in out-of-wedlock childbearing and the increase in single parenthood are major causes of high levels of child poverty (Heritage Foundation).
- 36% of the unmarried fathers had a prison record and many long prison sentences are the result of victimless drug crimes and recommitment for minor parole offenses. (Brookings Institute)
- Achieving higher levels of education greatly reduces the incidence of living in poverty. (US Dept of Labor). New Hampshire ranks 4th nationally with 90.9% of adults with a high school diploma. The inverse is that 9.1% lack a high school diploma. (2011 New Hampshire State Health Profile, DHHS)

- Over half of all low-income children in the United States have a parent who works full time, year-round, but they work in low-wage jobs that typically offer few benefits (such as health insurance, paid sick leave, and retirement plans), little stability, and few opportunities for advancement. (National Center for Children In Poverty).

Medicaid Program
Medicaid is the largest and most costly program administered by the Department. Total Medicaid costs account for in excess of 70% of total Department costs. Medicaid caseloads have stabilized, but as noted previously remain at historic highs. Pursuant to SB147, the Department is implementing a managed care program to provide these services.

FANF Caseloads
Caseloads for Financial Assistance for Needy Families (FANF) has decreased by 14% from the first six months of previous year. Much of this reduction is related to termination of the two-parent program as part of the budget as well as changes to the criteria applied to other programs for eligibility.

Disabled Caseloads
Enrollment for Aid to the Permanently and Totally Disabled (APTD) continues to grow, although at a slower pace than last year, as noted in Table 1. Legislative changes to eligibility criteria has slowed the growth rate, but the application rate for potential clients continues at high levels.

Kaiser Foundation reports on a national level the elderly and disabled represent 25% of Medicaid enrollees yet account for 67% of the Medicaid cost. In a February 2011 report, Kaiser also noted "enrollment growth among the aged and disabled has exceeded the rate of growth of the overall US population, and has significantly contributed to higher Medicaid costs due to the high cost of medical care for this population." They identified the following factors behind this trend:

- "Baby boomers," are now in the 55-64 age range, when the likelihood of disability increases, and are beginning to expand the elderly population;
- New medical technologies and advances in pharmaceuticals that save, improve, and lengthen lives for many—and increase the number of people living with disabilities, many of whom rely on Medicaid to pay for their care;
- Increased ability to recognize and treat chronic conditions, particularly mental health problems, which may contribute to enrollment growth among the disabled.

Food Stamps
Approximately 15% of the US population is now receiving Supplemental Nutrition Assistance Program (SNAP) services. That's an increase of 74% since 2007. Recent news accounts estimated 40% of food stamp recipients are in households in which at least one member of the family earns wages, but earns wages below the eligibility threshold for food stamps. For the year 2010, the national average food stamp participation was 14.1%. New Hampshire was third lowest in the nation at 8.5%, behind Wyoming (6.9%) and New Jersey (8.0%).

Children In Out-Of-Home Placement
The number of children in foster care has declined by 7.3% versus the first six months of SFY2011 and by 21.0% from SFY2010. Similarly, the number of children in out of home residential care has declined by 24.0% versus the first six months of SFY2011 and by 29.9% from SFY2010. This is a result of two factors. For the past several years, DCYF and DJJS have made a concerted effort to reduce the number of out of home placements. These efforts have helped to keep children in their own homes with the provision of in-home services, and have decreased the length of stay in out-of-home placements as well. A second factor is the new, more restrictive, definition for CHINS and the transition home of the CHINS children who do not meet the new definition.

Administrative Reorganization
The Department has been restructuring and downsizing the organization. In June 2009, 272 positions were vacant for a vacancy rate of 8.1%. At June 30, 2011, two years later, 581 positions (17.4%) were vacant. (Table D). 373 of these vacant positions were abolished by HB1 for SFY 2012-2013, thus permanently reducing the size of the organization. In SFY 2000, the Department had a budget of $1.2 billion and approx. 2,811 filled positions, which equates to a staffing ratio of 2.4 employees per million dollars of budget. The SFY 2012 budget is $1.9 billion and filled positions are 2,753 for a staffing ratio of 1.46. The downsizing of the organization comes at a time when the Department is also being tasked to implement elements of the Accountable Care Act and transformation initiatives required by the SFY 2012-2013 budget.

Summary
The Department has continually committed to making critical assessments of the current systems for management of care for clients meeting eligibility criteria and to transitioning delivery systems to more effective and efficient systems with the intended purposes of improving the value of the services delivered. These transitions require a clear definition of what constitutes a New Hampshire health and human service safety net, and difficult decisions on how best to deliver those services through new technologies and contractual arrangements with providers of those services. This message has been conveyed to staff, providers, advocates, and policy makers and is the basis for the SFY 2012-2013 budget and the change initiatives in four primary areas:

1. Care management for client enrollment in the Medicaid program
2. Reengineering service delivery systems
3. Investing in enabling technologies, and
4. Continuous process improvement

The more substantive long-term issues are to identify and address the root causes for individuals requiring supports. According to some sources, New Hampshire is the most livable state, one of the healthiest states, ranks high on the annual survey on children's well-being, among the most educated states, and has a high per capita income. What separates the low-income individuals receiving state services from the averages? High school drop-out rates, the causes of incarceration in the correctional system, the availability of jobs, which provide health and retirement programs, and choices made regarding healthy lifestyle options are linked. Effective solutions to the systemic issues will require a coordinated effort among several state agencies to identify and address the root causes.

Respectfully submitted,

Nicholas A. Toumpas
Commissioner

Enclosure
cc: Representative Ken Weyler, Chairman, House Finance Committee
The Honorable Chuck W. Morse, Chairman, Senate Finance Committee
The Honorable John Reagan, Chairman, Health and Human Services Oversight Committee
The Honorable Jeb Bradley, Chairman, Senate Health and Human Services Committee
His Excellency, Governor John H. Lynch
The Honorable Raymond S. Burton
The Honorable Dan St. Hilaire
The Honorable Chris Sununu
The Honorable Raymond J. Wieczorek
The Honorable David Wheeler
The Honorable Neal Kurk
The Honorable William O'Brien
The Honorable Peter Bragdon

Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Significant Transformation Initiatives
December 2011

Care Management

The budget requires a managed care model for administering the Medicaid program and its enrollees to provide for managed care services for all Medicaid populations throughout New Hampshire consistent with the provisions of 42 U.S.C. 1396u-2. The budget includes savings of $16 million general funds for this initiative. The Department has developed a three-phased approach, which is consistent with the language of Chapter Law 125 (SB 147). Step 1 includes all Medicaid and Children's Health Insurance Program (CHIP) State Plan medical, pharmacy, and mental health services for all populations with the exception of Spend down populations. Step 2 will include specialty services for the long term care populations, including nursing home services and, considers the state's option to manage financing for specialty services for those dually eligible for Medicaid and Medicare . Step 3 will include the Medicaid expansion population under the Affordable Care Act. An RFP for these services was issued on October 17; vendor selection is scheduled for mid-January 2012; and the anticipated start date is July 1, 2012. The Mental Health Prepaid Finance & System Reform initiative has been discontinued since these services are now part of the Care Management initiative.

Children's Health Insurance Program (CHIP)

The budget requires a restructuring of the administration of the Children's Health Insurance Program. The Core CHIP Transition Team believes that transitioning the CHIP program into the Medicaid program, as a Medicaid expansion and inclusion in the Medicaid Care Management initiative, is the most practical and beneficial option for the State of New Hampshire and for the children on the program. The New Hampshire Healthy Kids Corporation continues to administer the program and is expected to do so until July 1, 2012 when the managed care program is implemented. A core CHIP transition planning team comprised of Division of Family Assistance and Office of Medicaid and Business Policy staff created work plan and identified key policy considerations including but not limited to system changes, staffing needs, customer service, budget, rules/State Plan amendment, stakeholder involvement, operations, brand, and marketing/outreach.

Medicaid Management Information System (MMIS)

On January 1, 2012, the Provider Enrollment function was implemented for the new MMIS and communication has been shared with all current Medicaid enrollment providers. Concurrent with the provider enrollment, User Acceptance Testing continues on other elements of the MMIS. It is anticipated that the significant functionalities will be implemented by July 1, 2012. The timing of the MMIS implementation will be integrated with the implementation of the Care Management program noted above so as to minimize the impact on providers and clients.

Mental Health, Transitional Housing

The budget transfers $12 million general fund from institutional care to community based care to develop additional community capacity under the 10-year plan, develop private intensive community residential program on the campus of NHH, discharge THS patients to community providers and APS, and discharge continuing care patients to community providers and keep some on admissions units An RFP was followed and a vendor selected. The Division of Community Based Care Services and NHH worked with the contractors and implemented an administrative transition plan. The contractor assumed responsibility for the program January 2012 as anticipated in the budget

Department of Health and Human Services
Attachment To Monthly Dashboard
Current Status of Significant Transformation Initiatives
December 2011

Close Down New Hampshire Hospital "G" Unit

The "G" unit was closed effective June 30, 2011 and positions were abolished as required by the budget. Modifications are being made, such as carpet and flooring, to relocate E unit to the G unit space to allow for separation of children from adolescents.

Mental Health, Limitation on Services

RSA 135-C:13 is amended to limit admission to the state mental health services system and access to treatment and other services within the system to the amount of available appropriations. Community Mental Health Centers (CMHC) will conduct clinical assessments of applicants for services and prioritize delivery of services based on the severity of an individual's clinical needs. The Community Behavioral Health Association reviewed the impact of the new Statute with the Mental Health and Substance Abuse subcommittee of the HHS Oversight Committee and reported that no one had been turned away from services.

DDAA & CMHC Consolidation

The budget requires a consolidation of Developmental Disability Area Agencies and Community Mental Health Centers. Savings of $1.8 million general funds are budgeted. The Bureau of Behavioral Health (BBH) requested a proposal from the Community Behavioral Health Association on how these changes will be operationalized, and a proposal was submitted to the Commissioner.

The Bureau of Developmental Services (BDS) developed a process for Area Agency participation in the development of a plan to generate the required savings. This plan has been developed and was submitted to the Commissioner for review.

Project Star

Implementation of a managed care financing mechanism to sustain a financially integrated community-based service delivery system for children with mental health needs who are currently in or at-risk of out-of-home placement. NH STAR has been awarded a second year of funding from the Endowment for Health. Year II will continue to coordinate transition services for youth in residential placement, and their families, and will also coordinate services to youth at imminent risk of residential placement. Twelve families have been engaged in the project. A recently awarded SAMHSA grant will enhance this project with an emphasis on blending funding across child-serving agencies. Plans are underway to explore the provision of wrap around services through the use of 'blended funds' under a managed care environment in Step 2. It is anticipated that funds from the Department of Education, BBH, and DCYF would be blended to fund these services.

Facilitated Social Security Applications

State cash assistance to individuals with disabilities is 100% general funds. When these clients also receive Social Security disability cash benefits, the State dollar share drops significantly. The Division of Family Assistance ensures that clients applying for disability cash assistance follow up on their requirement to apply for Social Security disability benefits. Before this initiative began, 32.1% of APTD clients did *not* have SSA income. Today, that has been reduced to 27.2% who do not have SSA income. This saves $183,471 in General Funds each month, achieving the savings anticipated in the budget.

Front End Operations & Consolidation of District Offices

The budget directs DHHS to pursue operating and service consolidation initiatives, in an effort to improve service delivery, obtain operating efficiencies, and promote the well-being of the state's citizens. This includes changes in ways to accept and process applications for services and a savings in field staff through attrition. This project is currently underway. To improve our long term care eligibility processes, the DHHS now centralizes and assures that medical and eligibility applications are completed in parallel.

Initiatives to improve access to services statewide include the completion of the NH Easy on-line web application initiative, through which residents throughout the State can apply for benefits on-line from any computer that has web access. This new application process allows clients to create their own user accounts to track and manage all

aspects of their applications. In December, 1,520 applications came in through NH Easy, representing 16.56% of all applications. Outreach efforts continue. A major efficiency is that NH Easy allows clients to screen themselves for eligibility before they actually apply for benefits, a significant time saver in that DHHS workers don't have to process applications and conduct interviews with people who screen themselves out. In December, for instance, 1,491 of the 1,804 people who used NH Easy screened themselves ineligible for cash benefits.. Total applications for the month would have increased by 20% had these individuals actually applied

Initiatives for early 2012 include 1) allowing clients to submit redetermination applications online; 2) allowing clients to report income and other changes online; 3) pre-populating client re-applications when they reapply and are known to the system; and 4) installing up to five "self service" kiosks in district office waiting rooms.

Consolidation of contracts

Savings have been budgeted related to consolidation of the number of contracts. This is intended to reduce the administrative costs associated with the processing and approval of state contracts, minimize expenditures in areas other than direct care and assistance to the persons in need served by the department, mitigate, to the extent possible, the negative effects of reductions in budgets and services, and create an efficient, effective and stable community system of health and human services agencies for the future. An integral part of this initiative is the centralizing of certain contract functions away from program divisions to a centralized contract unit. This reorganization will be announced shortly and will be followed soon thereafter by the contract consolidation plan.

Transformation of Service Delivery Systems

The Department's human service delivery system is complex, lacks an ability to assure coordination, and could be more focused on client needs. The Department is designing a new service delivery model of care that bridges client services gaps and fully integrates its non-Medicaid specific programs and services. An essential element in this process is a software tool that provides a client-centered and integrated data management. RFP 2012-081 has been released to procure a Data Repository and Analysis tool and associated analysis, design and planning services the Department's Service Delivery System Transformation initiative and responses are due by January 20, 2012. Subsequent work will assess current culture, values and norms that assist or detract from intra departmental coordination of services and to develop a business process design with inter-divisional workgroups that are accountable for seamless and strategic integration of services.

Health Information Exchange

Implement Phase 1 of the HIE capability for New Hampshire. The Department has received an award in the amount of $5.5M from the American Recovery and Reinvestment Act of 2009 (ARRA), Title XIII – Health Information Technology, Subtitle B – Incentives for the Use of Health Information Technology, Section 3013, State Grants to Promote Health Information Technology. The purpose of the award is to promote the establishment of Health Information Exchange (HIE) that shall advance mechanisms for information sharing across the health care system. A Strategic and Operational Plan for the HIE was developed through the collaboration of stakeholders from across New Hampshire's health care community. Pursuant to Chapter 232 (HB 489), Laws of 2011, the New Hampshire Health Information Organization was formed that is establishing a HIE within the state.

Child Support System

Develop an architecture and planned migration of NECSES from its current, outdated platform. The plan, subject to Governor and Council approval, will consists of a modular approach to include 1) assist in maintaining, and when necessary, developing new functionality in the existing NECSES; 2) upgrade NECSES functionality and technology with modular steps; 3) assist the State in carrying out the upgrade plan after approval; and 4) maintain the enhanced NECSES including reporting and contact center components after completion of the modular upgrade plan.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

OPERATING STATISTICS DASHBOARD

DATA THROUGH DECEMBER 2011

SFY12

Prepared January 20, 2012

1/25/2012 7:48 AM

	A	B	C	D	E	F	G
1			**Department of Health and Human Services**				
2			**Budget Management-SFY 2012**				
3	Prepared January 20, 2012						
4			*Figures Rounded to $000*	**SFY12**	**January Transfer**	**SFY13**	
5	**DCBCS**						
6		BBH	Caseloads-BBH	$1,563		$1,563	
7		BBH	Right Sizing CMHC Network (HB2:358)			($900)	
8		BBH	CMHC Plan to reduce costs			$900	
9		BDS	Right Sizing DDAA Network (HB2:358)			($900)	
10		BDS	DDAA Plan to reduce costs			$900	
11		BEAS	Medical Assistance	$2,520	($2,500)	Care Mgt	
12		BEAS	State Phase Down Contribution (SPDC)	$4,280	($4,100)	$2,380	
13		BEAS	Other Nursing Facilities	$470		$470	
14		BEAS	Nursing Facilities	($1,040)		($1,040)	
15		BEAS	Home Health	$1,190		$1,190	
16		BEAS	Home Support	$1,770		$1,770	
17		BEAS	Mid-level	$220		$220	
18		NHH	Tele-video Revenue-Child Services & Overnight Assessments	($343)		($343)	
19		NHH	Increase in per diem billing rate	$3,900		$3,900	
20							
21	**Human Services**						
22		DFA	Count SSI in TANF & FANF-General Funds	($4,665)	$4,000	$0	
23		DFA	CaseloadsTANF Reserve	$4,000	($4,000)	$0	
24		DFA	Caseloads-APTD and ANB	($3,000)	$3,000	($3,000)	
25		DFA	Asset Verification System	??		??	
26		DCSS	$3 Fee Budgeted - System Limitations	($478)		($483)	
27							
28	**OMBP**						
29		OMBP	Caseloads-Medicaid Provider Payments	($2,185)		Care Mgt	
30		OMBP	Caseloads-Medicaid Drugs	$5,781	($733)	Care Mgt	
31		OMBP	State Phase Down Contribution (SPDC)	$2,653	($2,385)	$0	
32		OMBP	CHIP	($361)		Care Mgt	
33		OMBP	Convert CHIP to Medicaid expansion (HB2:43)	($1,709)		$0	
34		OMBP	Additional CHIPRA federal funds	$4,374		Care Mgt	
35		OMBP	Outpatient	$1,429	$7,468	Care Mgt	
36		DHHS	Outpatient Hospital Claims Adjustment	($13,000)		$0	
37							
38	**Department-Wide**						
39		OIS	DoIT Budgeting Error	($613)		($658)	
40		OIS	MMIS contracts	($993)		($1,275)	
41		Various	Source of funds to federal	$1,251			
42		OCOMM	Reduce number of district offices (HB2:42)	($476)		($952)	
43		OCOMM	Regional Contracting (HB2:359)	$0		$0	
44		OCOMM	Vacancy Savings (Frozen & Contingency) Salary Only	$1,692		$1,630	
45		DHHS	Termination Pay for Laid Off & Retiring Employees	($652)		???	
46		DHHS	Consolidation of Human Resources (HB2:84)			???	
47		DHHS	Consolidation of Business Functions (HB2:85)			???	
48		OCOMM	Care Management	$0		$0	
49		Various	Source of funds changes to SSBG	$1,200		$1,000	
50							
51		**Operating Budget Surplus**		**$8,778**		**$6,372**	
52						**$15,150**	
53							
54	**Litigation & Audits**						
55		NHH	NHH DSH-Definition of Uninsured	$0		$0	
56		NHH	NHH DSH-Medical Necessity			$0	
57		DHHS	Medicaid To Schools-Manchester			($508)	
58		DHHS	Medicaid To Schools-Transportation			($6,000)	
59		DHHS	DSH Settlement	($9,005)		($17,904)	
60		DHHS	Hospital Lawsuit	???		???	
61		DCYF	SFY 2004 - 2006 Residential Services	???		???	
62		DCYF	SFY 2007 - 2010 Residential Services - Potential	???		???	
63							
64		**Net Surplus (Deficit) After Funding of Litigation & Audits**		**($227)**		**($18,040)**	
65						**($18,267)**	
66							

Table A
Department of Health and Human Services
Caseload vs Unemployment Rate

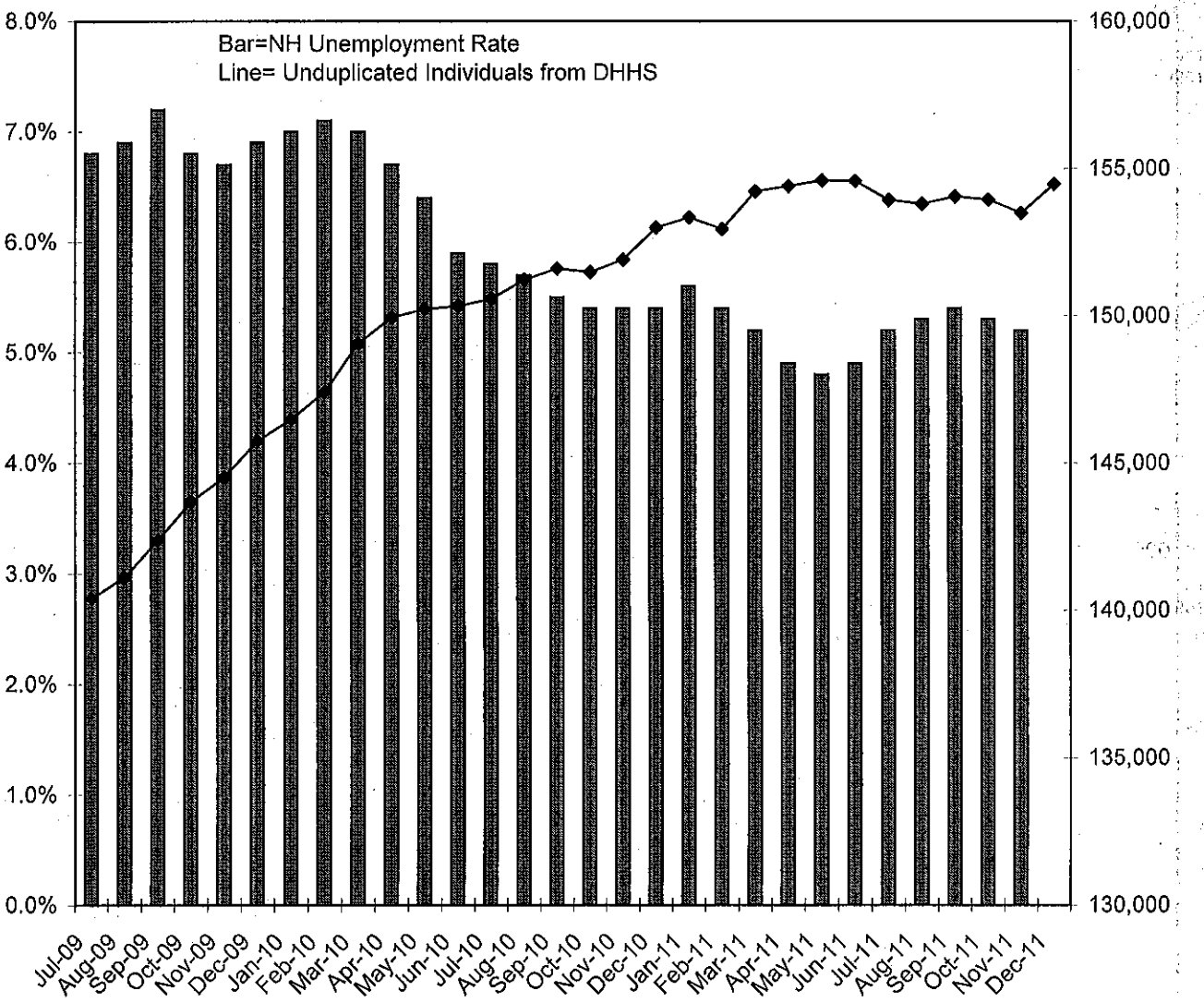


Table B
Department of Health and Human Services
Medicaid Caseloads (Individuals)

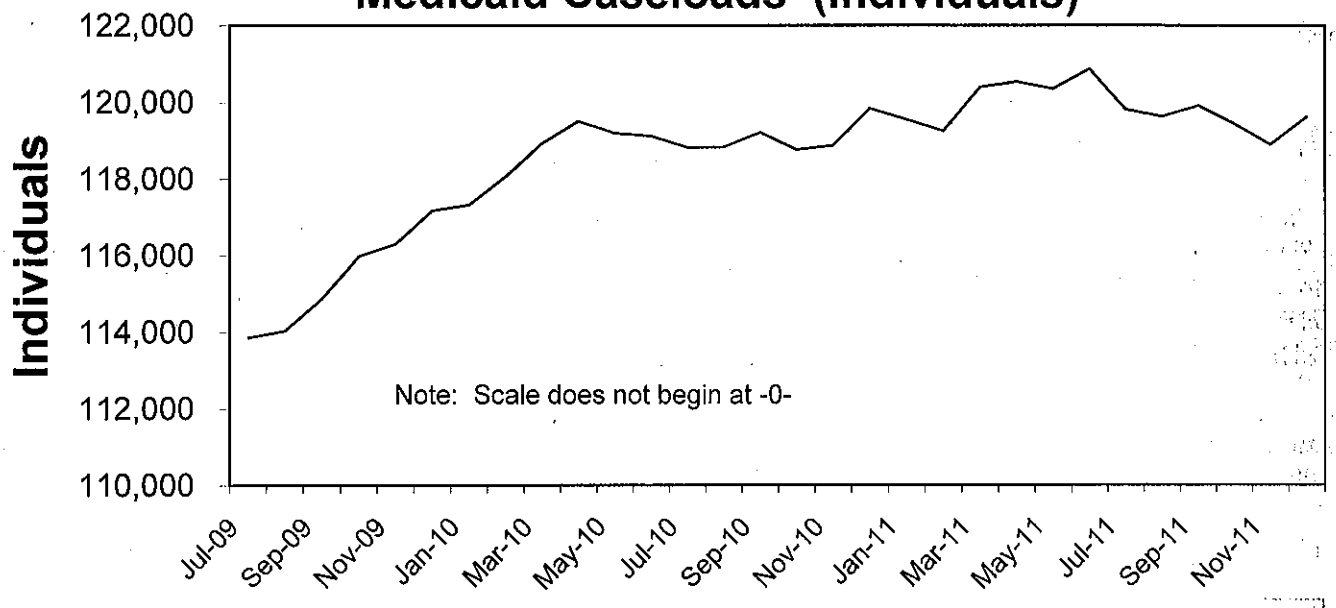
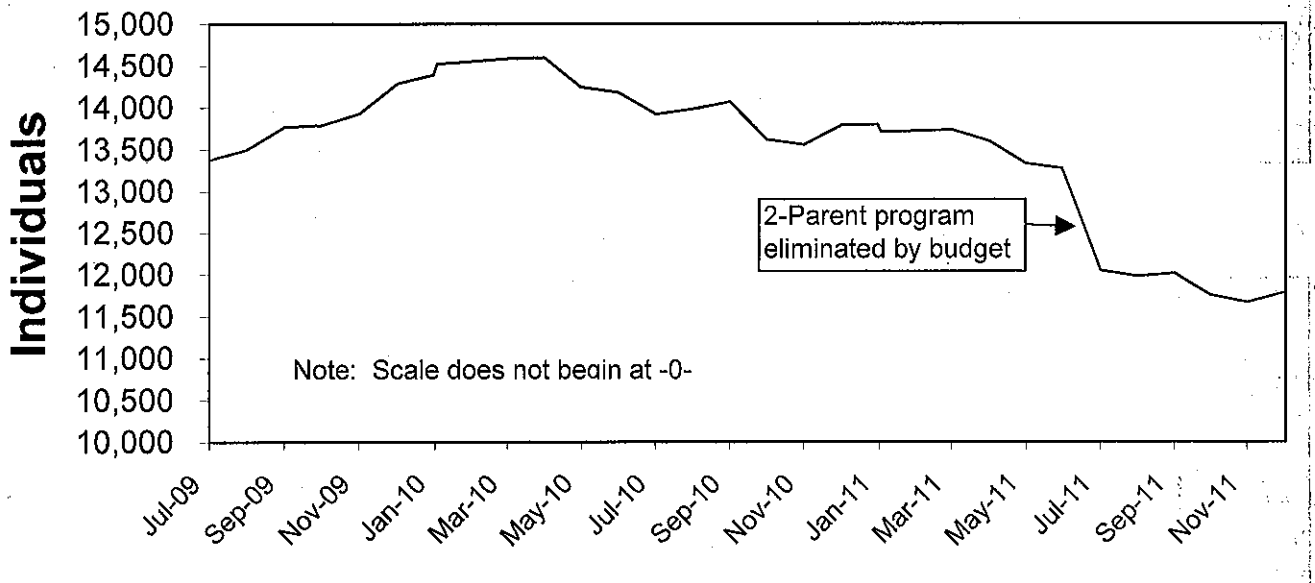


Table C
Department of Health and Human Services
FANF Caseloads (Individuals)



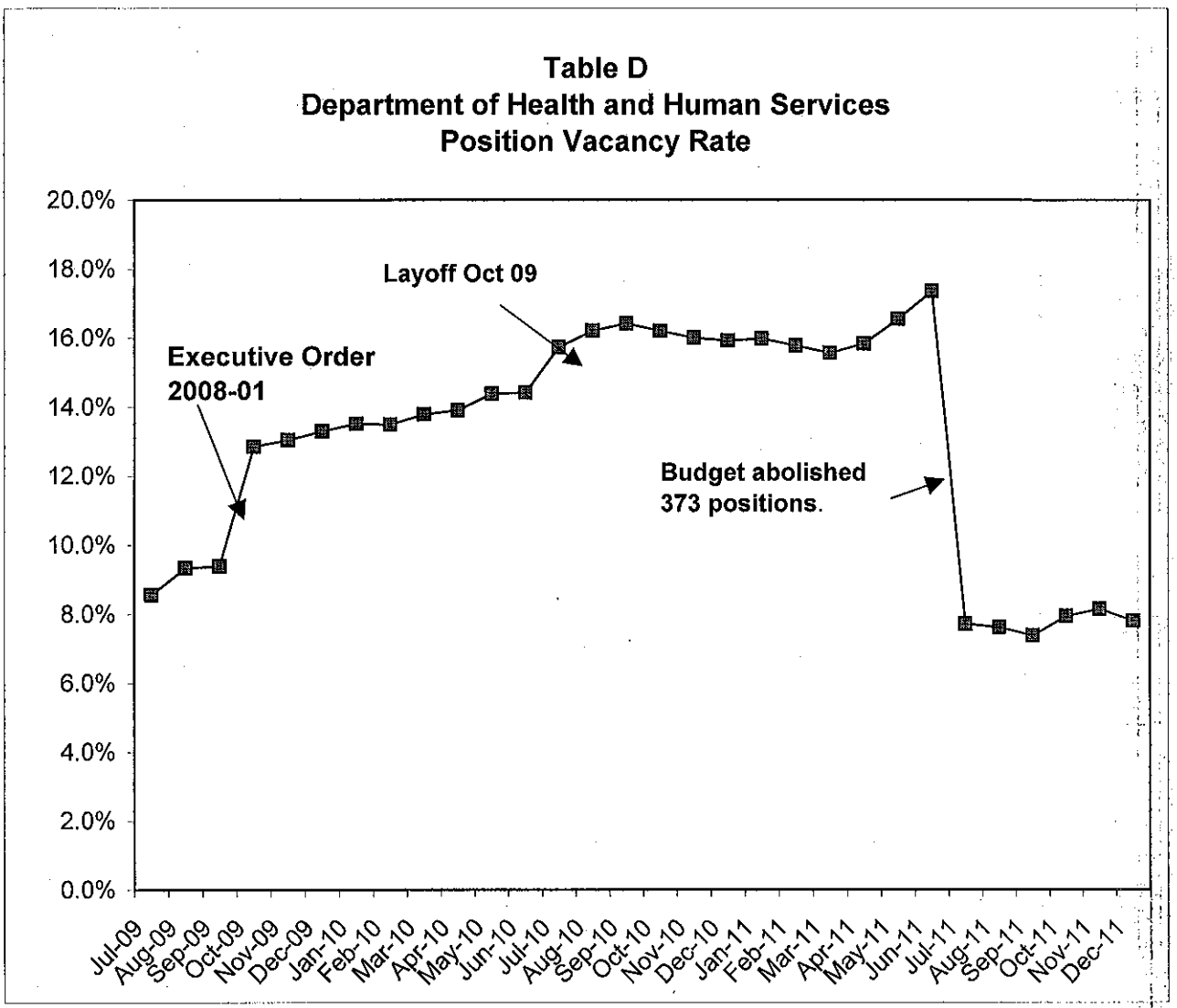


Table D
Department of Health and Human Services
Position Vacancy Rate
20.0%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Layoff Oct 09
Executive Order
2008-01
Budget abolished
373 positions.
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
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Oct-11
Nov-11
Dec-11

	A	B	C	D	E	F	G	H
1	**Table E**							
2	**Department of Health and Human Services**							
3	**Operating Statistics**							
4	**Children In Services**							
5								
6		**DCYF**	**DCYF**	**Family Foster**	**Residential**	**Child Care**	**Child Care**	**SYSC**
7		**Referrals**	**Assessments**	**Care**	**Placement**	**Emplmnt**	**Wait List**	**Secure**
8				**Placement**		**Related**		**Census**
9		**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**
10								
11	Jul-09	957	545	747	462	8,419		76
12	Aug-09	958	622	766	441	7,567		66
13	Sep-09	1,130	678	766	415	8,268		57
14	Oct-09	1,123	650	760	438	8,003	459	63
15	Nov-09	1,009	607	725	469	7,486	750	64
16	Dec-09	1,040	613	717	474	7,610	981	64
17	Jan-10	1,205	723	706	464	6,830	1,198	64
18	Feb-10	962	587	710	454	6,646	1,499	59
19	Mar-10	1,363	859	724	461	6,512	1,694	62
20	Apr-10	1,255	792	700	484	5,831	1,889	68
21	May-10	1,227	760	701	478	5,748	2,065	61
22	Jun-10	1,128	750	706	475	5,496	2,305	57
23	Jul-10	987	638	663	424	5,041	2,386	55
24	Aug-10	1,012	659	646	413	4,903	2,508	53
25	Sep-10	1,182	691	627	400	4,769	2,666	50
26	Oct-10	1,110	651	625	414	4,407	2,505	57
27	Nov-10	1,125	593	626	426	4,487	2,361	64
28	Dec-10	1,072	746	630	410	4,345	1,382	60
29	Jan-11	1,131	831	616	403	4,475	326	59
30	Feb-11	1,076	888	618	394	4,743	0	57
31	Mar-11	1,339	909	619	424	5,083	0	61
32	Apr-11	1,165	805	628	427	5,162	0	73
33	May-11	1,240	810	631	425	5,251	0	80
34	Jun-11	1,237	697	629	423	5,333	0	73
35	Jul-11	963	737	574	351	5,053	0	68
36	Aug-11	1,073	776	583	317	5,055	0	65
37	Sep-11	1,261	674	580	289	5,136	0	61
38	Oct-11	1,197	742	590	302	4,969	0	52
39	Nov-11	1,116	640	602	311	5,047	0	44
40	Dec-11	1,123	777	610	321	5,017	0	48
41	Jan-12							
42	Feb-12							
43	Mar-12							
44	Apr-12							
45	May-12							
46	Jun-12							
47								
48	**Source of Data**							
49	Column							
50	**B**	DCYF Benchmark Report: Bridges.						
51	**C**	DCYF Assessment Supervisory Report: Bridges.						
52	**D**	Bridges placement authorizations during the month, unduplicated.						
53	**E**	Bridges placement authorizations during the month, unduplicated.						
54	**F**	Bridges Expenditure Report, NHB-OAR8-128						
55	**G**	Child Care Wait List Screen: New Heights						
56	**H**	Bridges Service Day Query - Bed days divided by days in month						

	A	B	C	D	E	F	G	H
1	Table F							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Social Services							
5								
6		FANF	APTD Persons	Food Stamps Persons	Child Support Cases			
7					Current Cases	Former Cases	Never Cases	Total Cases
8								
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
10	Jul-09	13,377	7,855	86,848	5,782	16,915	13,059	35,756
11	Aug-09	13,498	7,935	89,211	5,804	16,931	13,092	35,827
12	Sep-09	13,771	8,022	91,820	6,037	16,742	13,050	35,829
13	Oct-09	13,787	8,127	94,750	5,440	17,229	12,976	35,645
14	Nov-09	13,927	8,221	96,745	5,447	17,345	13,027	35,819
15	Dec-09	14,288	8,288	99,238	5,730	17,101	13,021	35,852
16	Jan-10	14,392	8,337	101,013	5,866	16,973	12,931	35,770
17	Feb-10	14,522	8,412	102,777	5,835	16,982	12,952	35,769
18	Mar-10	14,587	8,481	105,100	5,550	17,218	12,991	35,759
19	Apr-10	14,596	8,557	106,312	5,608	17,240	13,002	35,850
20	May-10	14,244	8,556	108,132	5,764	17,043	13,063	35,870
21	Jun-10	14,181	8,615	108,677	5,541	17,305	13,084	35,930
22	Jul-10	13,920	8,617	109,131	5,550	17,304	13,123	35,977
23	Aug-10	13,981	8,643	109,950	5,758	17,120	13,138	36,016
24	Sep-10	14,065	8,650	110,588	5,508	17,374	13,072	35,954
25	Oct-10	13,615	8,656	110,694	5,726	17,177	13,051	35,954
26	Nov-10	13,553	8,667	111,476	5,645	17,262	13,026	35,933
27	Dec-10	13,789	8,749	112,293	5,577	17,345	12,986	35,908
28	Jan-11	13,796	8,740	113,127	5,716	17,142	12,965	35,823
29	Feb-11	13,705	8,779	112,803	5,654	17,189	12,917	35,760
30	Mar-11	13,730	8,912	114,023	5,411	17,425	12,942	35,778
31	Apr-11	13,597	9,019	114,482	5,435	17,379	12,986	35,800
32	May-11	13,330	9,009	114,611	5,586	17,150	12,961	35,697
33	Jun-11	13,272	9,088	114,441	5,401	17,296	12,902	35,599
34	Jul-11	12,046	9,031	113,984	5,302	17,277	12,906	35,485
35	Aug-11	11,980	8,905	114,285	5,416	17,099	12,842	35,357
36	Sep-11	12,014	8,864	114,344	5,163	17,225	12,748	35,136
37	Oct-11	11,756	8,763	114,705	5,365	17,081	12,749	35,195
38	Nov-11	11,668	8,854	114,371	5,325	17,095	12,728	35,148
39	Dec-11	11,787	9,006	115,671	5,192	17,184	12,760	35,136
40	Jan-12							
41	Feb-12							
42	Mar-12							
43	Apr-12							
44	May-12							
45	Jun-12							
46								
47	**Source of Data**							
48	Column							
49	**B**	Office of Research & Analysis, Ca						
50	**C**	Budget Document						
51	**D**	Budget Document						
52	**E-H**	DCSS Caseload (Month End Actual from NECSES)						

Table G

Department of Health and Human Services

Operating Statistics

Community Mental Health Center Medicaid

	Monthly Cost Actual	YTD Weekly Average Cost Actual
Jul-09	$8,705,651	$ 1,741,130
Aug-09	$7,515,041	$ 1,802,299
Sep-09	$7,341,231	$ 1,812,456
Oct-09	$9,478,660	$ 1,835,588
Nov-09	$7,210,157	$ 1,829,579
Dec-09	$7,001,226	$ 1,817,383
Jan-10	$8,251,903	$ 1,790,447
Feb-10	$7,558,246	$ 1,801,775
Mar-10	$7,396,380	$ 1,806,628
Apr-10	$9,184,950	$ 1,852,173
May-10	$7,467,414	$ 1,853,423
Jun-10	$7,656,058	$ 1,822,441
Jul-10	$7,988,373	$ 1,597,675
Aug-10	$7,136,649	$ 1,680,558
Sep-10	$6,629,711	$ 1,673,441
Oct-10	$8,685,885	$ 1,691,145
Nov-10	$8,628,997	$ 1,775,892
Dec-10	$6,900,690	$ 1,702,604
Jan-11	$6,184,140	$ 1,682,401
Feb-11	$6,740,043	$ 1,682,700
Mar-11	$7,382,305	$ 1,699,405
Apr-11	$9,302,312	$ 1,757,654
May-11	$7,547,988	$ 1,731,814
Jun-11	$7,992,643	$ 1,752,303
Jul-11	$7,634,961	$ 1,526,992
Aug-11	$6,879,546	$ 1,612,723
Sep-11	$8,259,497	$ 1,626,715
Oct-11	$6,551,174	$ 1,629,177
Nov-11	$6,684,985	$ 1,636,826
Dec-11	$8,227,790	$ 1,638,443
Jan-12		
Feb-12		
Mar-12		
Apr-12		
May-12		
Jun-12		

Medicaid Client Trending Report

Current Date: 1/5/12

Note: All figures are year-to-date

ACTUALS - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2008	11,016	13,553	15,497	17,392
2009	12,014	14,693	16,849	19,206
2010	13,240	16,187	18,580	20,797
2011	13,480	16,390	18,410	20,665
2012	13,358	15,775		

BUDGETED - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2011	12,541	15,333	17,599	19,699
2012	13,806	16,787	18,856	21,165
2013				

VARIANCE: BUDGETED TO ACTUAL - YTD

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2012				
2013				

	A	B	C	D	E	F	G	H	I	J	K
1	**Table H**										
2	**Department of Health and Human Services**										
3	**Operating Statistics**										
4	**Elderly & Adult Long Term Care**										
5											
6		**Total Nursing Clients**		**BEAS Home Care**	**BEAS Midlevel**	**BEAS Nursing Beds**		**Pct in NF**	**APS Clients Assmnts**	**APS Cases Ongoing**	**SSBG AIHC Waitlist**
7		**Actual**	**Budget**			**Actual**	**Budget**		**Actual**	**Actual**	**Actual**
8											
9	Aug-09	7,323		2,648	355	4,320		59.0%	183	1,176	
10	Sep-09	7,169		2,632	367	4,170		58.2%	198	1,159	20
11	Oct-09	7,452	7,516	2,582	371	4,499	4,129	60.4%	225	1,139	29
12	Nov-09	7,273	7,516	2,572	361	4,340	4,129	59.7%	170	1,138	20
13	Dec-09	7,027	7,516	2,517	345	4,165	4,129	59.3%	214	1,130	23
14	Jan-10	7,312	7,516	2,545	364	4,403	4,129	60.2%	205	1,120	24
15	Feb-10	7,214	7,516	2,523	341	4,350	4,129	60.3%	145	1,116	12
16	Mar-10	7,341	7,516	2,538	382	4,421	4,129	60.2%	239	1,131	15
17	Apr-10	7,367	7,516	2,532	372	4,463	4,129	60.6%	196	1,155	17
18	May-10	7,174	7,516	2,535	368	4,271	4,129	59.5%	198	1,095	20
19	Jun-10	7,185	7,516	2,510	388	4,287	4,129	59.7%	262	1,139	22
20	Jul-10	7,443	7,740	2,541	384	4,518	4,063	60.7%	250	1,121	5
21	Aug-10	7,098	7,740	2,494	389	4,215	4,063	59.4%	221	1,118	1
22	Sep-10	6,847	7,740	2,513	365	3,969	4,063	58.0%	228	1,104	0
23	Oct-10	7,437	7,740	2,527	387	4,523	4,063	60.8%	228	1,080	0
24	Nov-10	7,314	7,740	2,557	396	4,361	4,063	59.6%	221	1,067	3
25	Dec-10	7,270	7,740	2,530	413	4,327	4,063	59.5%	183	1,068	0
26	Jan-11	7,195	7,740	2,468	416	4,311	4,063	59.9%	178	1,039	3
27	Feb-11	6,987	7,740	2,548	385	4,054	4,063	58.0%	162	1,040	6
28	Mar-11	7,151	7,740	2,544	388	4,219	4,063	59.0%	203	1,042	3
29	Apr-11	7,522	7,740	2,511	422	4,589	4,063	61.0%	222	1,041	3
30	May-11	6,623	7,740	2,485	417	3,721	4,063	56.2%	207	1,058	8
31	Jun-11	7,260	7,740	2,436	420	4,404	4,063	60.7%	238	1,077	4
32	Jul-11	7,418	7,515	2,499	443	4,476	4,400	60.3%	200	1,069	1
33	Aug-11	7,004	7,515	2,396	456	4,152	4,400	59.3%	226	1,083	2
34	Sep-11	7,236	7,515	2,382	447	4,407	4,400	60.9%	236	1,091	2
35	Oct-11	7,036	7,515	2,340	442	4,254	4,400	60.5%	253	1,108	2
36	Nov-11	6,886	7,515	2,350	432	4,104	4,400	59.6%	212	1,103	2
37	Dec-11	7,435	7,515	2,356	446	4,633	4,400	62.3%	220	1,095	-
38	Jan-12										
39	Feb-12										
40	Mar-12										
41	Apr-12										
42	May-12										
43	Jun-12										
44											
45	**Source of Data**										
46	Columns										
47	F	Monthly report prepared for Private and County Nursing Home									
48		based on MDSS reports.									
49		*Actual Nursing Home Beds = the number of paid bed days in									
50		by the number of days in the previous month.									
51											

	A	B	C	D	E	F	G	H
1	**Operating Statistics**							
2	**Developmental Services Long Term Care**							
3								
4								
5		**Total - All BDS served**	**BDS Programs FYTD Unduplicated Count**	**Early Supports & Services**	**Special Medical Services**	**Partners in Health Program**	**Devl. Serv. Priority #1 DD Waitlist**	**Devl. Serv. ABD Waitlist**
6							**Actual**	**Actual**
7	Aug-09	10,339	7,459	1,817	2,006	874	37	0
8	Sep-09	10,642	7,882	1,823	1,868	892	37	0
9	Oct-09	11,137	8,241	1,811	2,019	877	37	0
10	Nov-09	11,654	8,703	1,760	2,044	907	37	0
11	Dec-09	11,995	9,036	1,803	2,048	911	19	0
12	Jan-10	12,692	9,836	1,826	1,917	939	19	0
13	Feb-10	13,453	10,575	1,753	1,928	950	19	0
14	Mar-10	13,496	10,650	1,869	1,849	997	47	0
15	Apr-10	13,752	11,084	1,864	1,576	1,092	47	0
16	May-10	14,448	11,830	1,857	1,620	998	47	0
17	Jun-10	14,693	12,015	1,861	1,660	1,018	20	0
18	Jul-10	9,505	6,463	1,927	1,652	1,390	40	0
19	Aug-10	10,574	7,826	2,054	1,690	1,058	13	0
20	Sep-10	11,107	8,324	2,069	1,730	1,053	9	0
21	Oct-10	11,667	8,826	2,087	1,767	1,074	21	1
22	Nov-10	12,438	9,600	2,128	1,768	1,070	19	0
23	Dec-10	12,732	9,959	2,101	1,667	1,106	19	0
24	Jan-11	13,152	10,344	1,972	1,659	1,149	19	0
25	Feb-11	13,567	10,817	2,017	1,613	1,137	19	0
26	Mar-11	13,900	11,098	2,182	1,651	1,151	20	0
27	Apr-11	14,201	11,337	2,277	1,695	1,169	30	0
28	May-11	14,623	11,713	2,339	1,742	1,168	30	0
29	Jun-11	15,148	12,168	2,344	1,772	1,208	24	4
30	Jul-11	10,626	7,627	2,248	1,795	1,204	56	6
31	Aug-11	10,953	7,957	1,799	1,806	1,190	34	8
32	Sep-11	11,146	8,328	2,329	1,811	1,007	34	10
33	Oct-11	11,500	8,529	2,668	1,841	1,130	46	9
34	Nov-11	11,918	9,077	2,917	1,727	1,114	58	9
35	Dec-11	12,290	9,445	3,057	1,742	1,103	62	0
36	Jan-12							
37	Feb-12							
38	Mar-12							
39	Apr-12							
40	May-12							
41	Jun-12							
42								
43	**Source of Data**							
44	Columns							
45								
46	**G & H**	Represent the number of individuals waiting at least 90-days for DD or ABD						
47		Waiver funding.						

	A	B	C	D	E	F	G	H	I	J	K
1	Table I										
2	Department of Health and Human Services										
3	Operating Statistics										
4	Shelter & Institutions										
5											
6		NHH				BHHS					Glencliff
7		APS & APC Census	APS & APC Admissions	THS Census		Individual Bednights	% of		Family Bednights	% of	GH Census
8		Actual	Actual	Actual	Capacity	Actual	Capacity	Capacity	Actual	Capacity	Actual
9											
10	Jul-09	179	182	41	11,620	9,626	83%	1,050	1,025	98%	109
11	Aug-09	168	187	42	9,296	8,127	87%	840	739	88%	111
12	Sep-09	177	191	39	9,296	7,988	86%	840	800	95%	111
13	Oct-09	175	205	39	11,760	11,108	94%	910	976	107%	110
14	Nov-09	159	192	40	9,408	9,028	96%	728	742	102%	110
15	Dec-09	147	162	40	10,320	9,027	87%	858	877	102%	110
16	Jan-10	158	202	38	10,584	9,160	87%	806	649	81%	109
17	Feb-10	171	194	35	10,808	10,124	94%	728	674	93%	110
18	Mar-10	165	225	40	11,666	9,408	81%	806	588	73%	108
19	Apr-10	169	237	39	10,680	8,837	83%	780	605	78%	110
20	May-10	163	221	37	11,036	8,559	78%	806	689	85%	110
21	Jun-10	163	182	41	10,680	8,577	80%	780	686	88%	111
22	Jul-10	148	178	41	11,408	8,444	74%	806	595	74%	112
23	Aug-10	145	185	41	10,304	7,523	73%	728	599	82%	112
24	Sep-10	146	184	42	11,040	8,032	73%	780	688	88%	112
25	Oct-10	145	191	43	10,757	8,668	81%	780	687	88%	112
26	Nov-10	162	200	43	10,590	9,101	86%	780	622	80%	113
27	Dec-10	156	173	40	10,943	9,539	87%	806	612	76%	113
28	Jan-11	154	184	42	11,997	10,525	88%	806	667	83%	109
29	Feb-11	156	160	43	10,836	10,606	98%	728	627	86%	106
30	Mar-11	159	219	44	11,657	10,528	90%	806	639	79%	109
31	Apr-11	152	204	42	10,590	9,141	86%	780	680	87%	111
32	May-11	153	228	44	10,943	8,785	80%	806	622	77%	113
33	Jun-11	139	199	43	10,590	9,019	85%	780	588	75%	113
34	Jul-11	142	209	43	10,943	9,368	86%	806	627	78%	113
35	Aug-11	134	192	41	10,943	9,590	88%	806	732	91%	115
36	Sep-11	128	196	41	10,590	9,719	92%	768	744	97%	115
37	Oct-11	149	200	37	10,943	10,781	99%	806	826	102%	117
38	Nov-11	150	193	36	10,590	10,779	102%	780	885	113%	116
39	Dec-11	151	202	36	11,521	11,721	102%	806	877	109%	113
40	Jan-12			0							
41	Feb-12			0							
42	Mar-12			0							
43	Apr-12			0							
44	May-12			0							
45	Jun-12			0							
46											
47											
48											
49	Source of Data										
50	Column										
51	B	Daily in-house midnight census averaged per month									
52	C	Daily census report of admissions totalled per month									
53	D	Daily in-house midnight census averaged per month									
54	E	Total number of individual bednights available in emergency shelters									
55	F	Total number of individual bednights utilized in emergency shelters									
56	G	Percentage of individual bednights utilized during month									
57	H	Total number of family bednights available in emergency shelters									
58	I	Total number of family bednights utilized in emergency shelters									
59	J	Percentage of family bednights utilized during month									
60	K	Daily in-house midnight census averaged per month									

	A	B	C	D	E	F	G	H	I	J
1	Table J									
2	Department of Health and Human Services									
3	Office of Medicaid Business and Policy									
4	Budget V. Actual Medical Expenditures									
5										
6	Medicaid Provider Payments									
7	(Provider Payments, Outpatient Hospital, Prescription Drugs)									
8		Budgeted	Expended	Excess/Shortfall						
9	Jul-11	$38,938,103	$34,383,910	$4,554,193						
10	Aug-11	$31,150,483	$28,247,272	$2,903,211						
11	Sep-11	$38,938,103	$40,217,563	($1,279,459)						
12	Oct-11	$31,150,483	$28,037,106	$3,113,377						
13	Nov-11	$31,150,483	$31,346,777	($196,294)						
14	Dec-11	$38,938,103	$37,718,138	$1,219,965						
15	Jan-12	$31,150,483	$35,826,793	($4,676,310)						
16	Feb-12	$33,599,613	$43,910,620	($10,311,007)						
17	Mar-12	$43,262,423	$49,792,500	($6,530,077)						
18	Apr-12	$34,609,939	$32,225,800	$2,384,139						
19	May-12	$34,609,939	$32,368,592	$2,241,347						
20	Jun-12	$43,262,423	$38,634,878	$4,627,545						
21	**Total**	**$430,760,578**	**$432,709,948**	**($1,949,371)**						
22										
23										
24	SCHIP Premium Payments									
25		Budgeted	Expended	Excess/Shortfall						
26	Jul-11	$1,326,813	$1,729,836	($403,023)						
27	Aug-11	$1,335,435	$1,731,084	($395,649)						
28	Sep-11	$1,343,509	$1,750,411	($406,903)						
29	Oct-11	$1,362,044	$1,749,614	($387,570)						
30	Nov-11	$1,381,876	$1,785,679	($403,803)						
31	Dec-11	$1,396,860	$1,911,979	($515,119)						
32	Jan-12	$1,398,094	$1,898,229	($500,135)						
33	Feb-12	$1,398,094	$1,893,555	($495,461)						
34	Mar-12	$2,910,511	$1,893,555	$1,016,956						
35	Apr-12	$2,609,505	$1,905,609	$703,896						
36	May-12	$2,627,006	$1,927,547	$699,459						
37	Jun-12	$3,110,552	$1,946,393	$1,164,159						
38	**Total**	**$22,200,298**	**$22,123,490**	**$76,808**						
39										
40										
41	Notes:									
42	Shaded figures are estimates									
43	Department of Health and Human Services; Reduction in Appropriation. In the event that estimated restricted revenues collected by the									
44	department of health and human services in the aggregate are less than budgeted, during the biennium ending June 30, 2013, the total									
45	appropriations to the department of health and human services shall be reduced by the amount of the shortfall in either actual or projected									
46	revenue. The commissioner of the department of health and human services shall notify the bureau of accounting, in writing, no later than									
47	April 1st of each year as to precisely which line item appropriation and in what specific amount reductions are to be made in order to fully									
48	compensate for the total revenue deficits.									
49	* $1 M for Managed Care is encumbered in Provider Payments 6147-101									
50	* Provider Payments includes $4,546,464 CHIPRA transfer starting in March									
51	* Outpatient includes Pending Dept. Transfer starting in February $14,936,218									
52	* SCHIP includes CHIPRA transfer starting in March									
53	* Pharmacy includes Pending Dept. Transfer starting in February ($1,466,000)									

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Table K																		
2	Department of Health and Human Services																		
3	Caseloads Versus Prior Year & Prior Month																		
4																			
5		Unduplicated Persons			Medicaid Persons			Long Term Care-Seniors			FANF Persons			APTD Persons			SNAP Persons		
6		Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo
7																			
8	Jul-08	125,236	7.5%	0	103,667	0.0	0	6,954	-2.5%	0	10,539	-2.0%	(0)	6,905	10.1%	0	64,961	8.7%	0
9	Aug-08	125,668	7.4%	0.3%	103,655	0.0	0.0%	7,128	0.8%	2.5%	10,851	0.5%	3.0%	6,793	8.0%	-1.6%	65,380	8.9%	0.6%
10	Sep-08	126,083	8.2%	0.3%	103,944	0.0	0.3%	7,160	3.7%	0.4%	10,911	3.0%	0.6%	7,052	11.8%	3.8%	66,087	10.4%	1.1%
11	Oct-08	127,869	9.3%	1.4%	105,278	0.0	1.3%	7,413	3.0%	3.5%	11,314	7.2%	3.7%	7,144	12.5%	1.3%	68,114	12.8%	3.1%
12	Nov-08	128,291	9.1%	0.3%	105,153	0.0	-0.1%	7,129	-0.3%	-3.8%	11,630	8.4%	2.8%	7,168	12.0%	0.3%	69,380	13.8%	1.9%
13	Dec-08	129,830	10.5%	1.2%	106,270	0.0	1.1%	7,041	-3.9%	-1.2%	11,984	12.0%	3.0%	7,245	12.7%	1.1%	71,544	16.7%	3.1%
14	Jan-09	131,088	10.6%	1.0%	106,833	0.0	0.5%	7,243	7.1%	2.9%	12,347	14.1%	3.0%	7,299	12.3%	0.7%	73,617	17.8%	2.9%
15	Feb-09	132,234	11.2%	0.9%	107,889	0.0	1.0%	7,428	0.0%	2.6%	12,452	14.4%	0.9%	7,356	11.4%	0.8%	74,708	18.1%	1.5%
16	Mar-09	134,457	9.5%	1.7%	109,952	0.0	1.9%	7,491	6.2%	0.8%	12,515	16.0%	0.5%	7,453	11.7%	1.3%	77,441	20.8%	3.7%
17	Apr-09	136,801	9.4%	1.7%	111,963	0.1	1.8%	7,216	0.7%	-3.7%	13,308	22.4%	6.3%	7,544	11.4%	1.2%	79,276	22.3%	2.4%
18	May-09	137,510	9.5%	0.5%	112,211	0.1	0.2%	7,349	4.4%	1.8%	13,230	23.6%	-0.6%	7,630	12.6%	1.1%	81,376	26.0%	2.6%
19	Jun-09	138,705	11.2%	0.9%	113,044	0.1	0.7%	7,487	8.0%	1.9%	13,236	25.5%	0.0%	7,758	13.2%	1.7%	83,789	29.9%	3.0%
20	Jul-09	140,420	12.1%	1.2%	113,861	9.8%	0.7%	7,613	9.5%	1.7%	13,377	26.9%	1.1%	7,855	13.8%	1.3%	86,848	33.7%	3.7%
21	Aug-09	141,132	12.3%	0.5%	114,030	10.0%	0.1%	7,323	2.7%	-3.8%	13,498	24.4%	0.9%	7,935	16.8%	1.0%	89,211	36.4%	2.7%
22	Sep-09	142,381	12.9%	0.9%	114,862	10.5%	0.7%	7,169	0.1%	-2.1%	13,771	26.2%	2.0%	8,022	13.8%	1.1%	91,820	38.9%	2.9%
23	Oct-09	143,697	12.4%	0.9%	115,976	10.2%	1.0%	7,452	0.5%	3.9%	13,787	21.9%	0.1%	8,127	13.8%	1.3%	94,750	39.1%	3.2%
24	Nov-09	144,519	12.6%	0.6%	116,291	10.6%	0.3%	7,273	2.0%	-2.4%	13,927	19.8%	1.0%	8,221	14.7%	1.2%	96,745	39.4%	2.1%
25	Dec-09	145,758	12.3%	0.9%	117,171	10.3%	0.8%	7,027	-0.2%	-3.4%	14,288	19.2%	2.6%	8,288	14.4%	0.8%	99,238	38.7%	2.6%
26	Jan-10	146,491	11.8%	0.5%	117,326	9.8%	0.1%	7,312	1.0%	4.1%	14,392	16.6%	0.7%	8,337	14.2%	0.6%	101,013	37.2%	1.8%
27	Feb-10	147,414	11.5%	0.6%	118,060	9.4%	0.6%	7,214	-2.9%	-1.3%	14,522	16.6%	0.9%	8,412	14.4%	0.9%	102,777	37.6%	1.7%
28	Mar-10	149,065	10.9%	1.1%	118,906	8.1%	0.7%	7,341	-2.0%	1.8%	14,587	16.6%	0.4%	8,481	13.8%	0.8%	105,100	35.7%	2.3%
29	Apr-10	149,947	9.6%	0.6%	119,503	6.7%	0.5%	7,367	2.1%	0.4%	14,596	9.7%	0.1%	8,557	13.4%	0.9%	106,312	34.1%	1.2%
30	May-10	150,236	9.3%	0.2%	119,197	6.2%	-0.3%	7,174	-2.4%	-2.6%	14,244	7.7%	-2.4%	8,556	12.1%	0.0%	108,139	32.9%	1.7%
31	Jun-10	150,331	8.4%	0.1%	119,121	5.4%	-0.1%	7,185	-4.0%	0.2%	14,181	7.1%	-0.4%	8,615	11.0%	0.7%	108,677	29.7%	0.5%
32	Jul-10	150,572	7.2%	0.2%	118,831	4.4%	-0.2%	7,443	-2.2%	3.6%	13,920	4.1%	-1.8%	8,617	9.7%	0.0%	109,131	25.7%	0.4%
33	Aug-10	151,231	7.2%	0.4%	118,841	4.2%	0.0%	7,098	-3.1%	-4.6%	13,981	3.6%	0.4%	8,643	8.9%	0.3%	109,950	23.2%	0.8%
34	Sep-10	151,609	6.5%	0.2%	119,213	3.8%	0.3%	6,847	-4.5%	-3.5%	14,065	2.1%	0.6%	8,650	7.8%	0.1%	110,588	20.4%	0.6%
35	Oct-10	151,486	5.4%	-0.1%	118,770	2.4%	-0.4%	7,435	-0.2%	8.6%	13,615	-1.2%	-3.2%	8,656	6.5%	0.1%	110,694	16.8%	0.1%
36	Nov-10	151,906	5.1%	0.3%	118,882	2.2%	0.1%	7,314	0.6%	-1.6%	13,553	-2.7%	-0.5%	8,667	5.4%	0.1%	111,476	15.2%	0.7%
37	Dec-10	152,991	5.0%	0.7%	119,845	2.3%	0.8%	7,270	3.5%	-0.6%	13,789	-3.5%	1.7%	8,749	5.6%	0.9%	112,293	13.2%	0.7%
38	Jan-11	153,338	4.7%	0.2%	119,554	1.9%	-0.2%	7,195	-1.6%	-1.0%	13,796	-4.1%	0.1%	8,740	4.8%	-0.1%	113,127	12.0%	0.7%
39	Feb-11	152,942	3.7%	-0.3%	119,255	1.0%	-0.3%	6,987	-3.1%	-2.9%	13,705	-5.6%	-0.7%	8,779	4.4%	0.4%	112,803	9.8%	-0.3%
40	Mar-11	154,218	3.5%	0.8%	120,395	1.3%	1.0%	7,151	-2.6%	2.3%	13,730	-5.9%	0.2%	8,912	5.1%	1.5%	114,023	8.5%	1.1%
41	Apr-11	154,397	3.0%	0.1%	120,532	0.9%	0.1%	7,522	2.1%	5.2%	13,597	-6.8%	-1.0%	9,019	5.4%	1.2%	114,482	7.7%	0.4%
42	May-11	154,589	2.9%	0.1%	120,353	1.0%	-0.1%	6,623	-7.7%	-12.0%	13,330	-6.4%	-2.0%	9,009	5.3%	-0.1%	114,611	6.0%	0.1%
43	Jun-11	154,572	2.8%	0.0%	120,867	1.5%	0.4%	7,260	1.0%	9.6%	13,272	-6.4%	-0.4%	9,088	5.5%	0.9%	114,441	5.3%	-0.1%
44	Jul-11	153,928	2.2%	-0.4%	119,814	0.8%	-0.9%	7,418	-0.3%	2.2%	12,046	-13.5%	-9.2%	9,031	4.8%	-0.6%	113,984	4.4%	-0.4%
45	Aug-11	153,803	1.7%	-0.1%	119,628	0.7%	-0.2%	7,004	-1.3%	-5.6%	11,980	-14.3%	-0.5%	8,905	3.0%	-1.4%	114,285	3.9%	0.3%
46	Sep-11	154,055	1.6%	0.2%	119,916	0.6%	0.2%	7,306	6.7%	4.3%	12,014	-14.6%	0.3%	8,864	2.5%	-0.5%	114,344	3.4%	0.1%
47	Oct-11	153,942	1.6%	-0.1%	119,437	0.6%	-0.4%	7,106	-4.4%	-2.7%	11,756	-13.7%	-2.1%	8,793	1.6%	-0.8%	114,705	3.6%	0.3%
48	Nov-11	153,484	1.0%	-0.3%	118,901	0.0%	-0.4%	6,956	-4.9%	-2.1%	11,668	-13.9%	-0.7%	8,854	2.2%	0.7%	114,371	2.6%	-0.3%
49	Dec-11	154,470	1.0%	0.6%	119,626	-0.2%	0.6%	7,598	4.5%	9.2%	11,787	-14.5%	1.0%	9,006	2.9%	1.7%	115,671	3.0%	1.1%
50	Jan-12																		
51	Feb-12																		
52	Mar-12																		
53	Apr-12																		
54	May-12																		
55	Jun-12																		
56																			

	A	B	C	D	E	F	G
1	DATA TABLES FOR CHARTS						
2							
3	Caseloads Vs Unemployment				Caseloads-Actual		
4		NH Unempl. Rate	Unduplicated Persons			FANF Persons Actual	Medicaid Persons Actual
5							
6							
7	Jul-09	6.8%	140,420		Jul-09	13,377	113,861
8	Aug-09	6.9%	141,132		Aug-09	13,498	114,030
9	Sep-09	7.2%	142,381		Sep-09	13,771	114,862
10	Oct-09	6.8%	143,697		Oct-09	13,787	115,976
11	Nov-09	6.7%	144,519		Nov-09	13,927	116,291
12	Dec-09	6.9%	145,758		Dec-09	14,288	117,171
13	Jan-10	7.0%	146,491		Jan-10	14,392	117,326
14	Feb-10	7.1%	147,414		Feb-10	14,522	118,060
15	Mar-10	7.0%	149,065		Mar-10	14,587	118,926
16	Apr-10	6.7%	149,947		Apr-10	14,596	119,503
17	May-10	6.4%	150,236		May-10	14,244	119,197
18	Jun-10	5.9%	150,331		Jun-10	14,181	119,121
19	Jul-10	5.8%	150,572		Jul-10	13,920	118,831
20	Aug-10	5.7%	151,231		Aug-10	13,981	118,841
21	Sep-10	5.5%	151,609		Sep-10	14,065	119,213
22	Oct-10	5.4%	151,486		Oct-10	13,615	118,770
23	Nov-10	5.4%	151,906		Nov-10	13,553	118,882
24	Dec-10	5.4%	152,991		Dec-10	13,789	119,845
25	Jan-11	5.6%	153,338		Jan-11	13,796	119,554
26	Feb-11	5.4%	152,942		Feb-11	13,705	119,255
27	Mar-11	5.2%	154,218		Mar-11	13,730	120,395
28	Apr-11	4.9%	154,397		Apr-11	13,597	120,532
29	May-11	4.8%	154,589		May-11	13,330	120,353
30	Jun-11	4.9%	154,572		Jun-11	13,272	120,867
31	Jul-11	5.2%	153,928		Jul-11	12,046	119,814
32	Aug-11	5.3%	153,803		Aug-11	11,980	119,628
33	Sep-11	5.4%	154,055		Sep-11	12,014	119,916
34	Oct-11	5.3%	153,942		Oct-11	11,756	119,437
35	Nov-11	5.2%	153,484		Nov-11	11,668	118,901
36	Dec-11		154,470		Dec-11	11,787	119,626
37	Jan-12				Jan-12		
38	Feb-12				Feb-12		
39	Mar-12				Mar-12		
40	Apr-12				Apr-12		
41	May-12				May-12		
42	Jun-12				Jun-12		
43							
44	Personnel Vacancy Rate						
45			Authorized	Filled	Vacant	PCT	
46							
47	Jul-09		3,353	3,066	287	8.6%	
48	Aug-09		3,353	3,040	313	9.3%	
49	Sep-09		3,334	3,021	313	9.4%	
50	Oct-09		3,338	2,909	429	12.9%	
51	Nov-09		3,337	2,902	435	13.0%	
52	Dec-09		3,337	2,893	444	13.3%	
53	Jan-10		3,337	2,886	451	13.5%	
54	Feb-10		3,337	2,887	450	13.5%	
55	Mar-10		3,337	2,877	460	13.8%	
56	Apr-10		3,337	2,873	464	13.9%	
57	May-10		3,337	2,857	480	14.4%	
58	Jun-10		3,344	2,862	482	14.4%	
59	Jul-10		3,344	2,818	526	15.7%	
60	Aug-10		3,344	2,802	542	16.2%	
61	Sep-10		3,344	2,795	549	16.4%	
62	Oct-10		3,341	2,800	541	16.2%	
63	Nov-10		3,344	2,809	535	16.0%	
64	Dec-10		3,348	2,815	533	15.9%	
65	Jan-11		3,348	2,813	535	16.0%	
66	Feb-11		3,348	2,820	528	15.8%	
67	Mar-11		3,348	2,827	521	15.6%	
68	Apr-11		3,348	2,818	530	15.8%	
69	May-11		3,348	2,794	554	16.5%	
70	Jun-11		3,348	2,767	581	17.4%	
71	Jul-11		2,995	2,764	231	7.7%	
72	Aug-11		2,995	2,767	228	7.6%	
73	Sep-11		2,995	2,774	221	7.4%	
74	Oct-11		2,997	2,759	238	7.9%	
75	Nov-11		2,997	2,753	244	8.1%	
76	Dec-11		2,898	2,672	226	7.8%	
77	Jan-12						
78	Feb-12						
79	Mar-12						
80	Apr-12						
81	May-12						
82	Jun-12						
83							